

Form 4 - A

[Regulation 7(1)]

**DECLARATION OF RECOMMENDER
FOR BELIZE PASSPORT APPLICATION
FOR PERSONS UNDER 16 YEARS**

I, (Mr., Mrs., Miss) _____ of _____
[print full name of Recommender] *[insert full address]*

and currently employed as _____ hereby declare/certify that I have been
[profession]

acquainted with the child (Mr., Miss) _____
[print full name of Child]

for the past _____ through (Specify relationship) _____
[number of years]

[Group A – Justice of the Peace, Minister of Religion, Medical Practitioner, Notary Public, or Attorney-at-Law.]

and that the information provided in his/her Belize passport application is true and correct to the best of my knowledge, information and belief.

Signature of Recommender: _____

Date: _____
[day / month / year]

Mobile: _____

Tel Office/Work: _____

Email: _____